

U.S. Department of Education

Staff Analysis of the Standards Used by the United Kingdom for the Evaluation of Medical Schools

Prepared October 2012

Background

In Spring 1995, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the standards used by the United Kingdom (UK) to approve medical schools offering programs leading to the M.D. (or equivalent) degree in the UK were comparable to the standards of accreditation applied to M.D. degree programs in the United States. In Spring 2009, the NCFMEA formally reaffirmed its prior comparability determination and requested that the UK submit a report updating the Committee on the status of its accreditation activities for review at the Fall 2011 meeting. That meeting was postponed pending the appointment of new NCFMEA members and the designation of a new Committee chair. As a result, the requested report is instead being considered at the current meeting.

Summary of Findings

There are no outstanding issues.

Staff Analysis

Current status of medical schools

Country Narrative

NCFMEA Question 1

The GMC's statutory duty is to hold a list of bodies and combinations of bodies entitled to award UK primary medical degrees. The GMC does not recognise provisional accreditation. To be eligible to be added to the list a new medical school must successfully complete a rolling programme of annual quality assurance visits that begins before the first cohort enters the degree programme and continues until one year after graduation. A new medical school is only added to our list (subject to successful progress with the quality assurance review) in the final year of the programme, in time for students to graduate with degrees that can be registered with the GMC. This ensures that medical schools make the necessary adjustments in delivering each year of the degree so that the overall programme complies with our standards.

1.1 New medical schools currently within our rolling quality assurance review process

Swansea University previously delivered the first two years of the University of Wales four-year graduate entry medical degree and has applied to deliver its own UK primary medical qualification. Swansea has been within our rolling review process for a number of years and its students will enter Year 3 of Swansea's new four-year medical degree in autumn 2012.

Lancaster University is currently delivering the Liverpool University medical degree and has applied to its own five-year degree leading to a UK primary medical qualification. We began the rolling quality assurance review for Lancaster this year.

The Universities of Plymouth and Exeter currently have a joint medical school and may award UK primary medical qualifications through a co-badged medical degree from both universities. They have signaled their intention to each develop independent medical schools. We will begin the rolling review process for these schools this winter.

1.2 Medical schools currently on our list of bodies that may award primary medical qualifications

These schools can be regarded as fully accredited. To maintain a place on our list medical schools must successfully complete routine (twice in 10 years) quality assurance reviews and responsive quality assurance visits if concerns arise. They must also provide an annual report to the GMC, which includes details of progress against any requirements set by the GMC and contextual information about how they are meeting Tomorrow's Doctors, the GMC's standards.

Name of body on the GMC list Date of last review

- 1 The University of Aberdeen 2004
- 2 The University of Birmingham 2011
- 3 The University of Bristol 2009
- 4 The University of Cambridge 2008

5 Cardiff University 2011
 6 The University of Dundee 2009
 7 The University of East Anglia 2007
 8 The University of Edinburgh 2008
 9 The University of Glasgow 2007
 10 The Imperial College of Science, Technology and Medicine 2010
 11 Keele University 2011
 12 King's College London 2008
 13 The University of Leeds 2005
 14 The University of Leicester 2006
 15 The University of Liverpool 2012
 16 The University of London 2009
 (Bart's and The London, School of Medicine and Dentistry)
 17 The University of Manchester 2006
 18 The University of Newcastle 2005
 (also in a rolling review for their new campus in Malaysia from 2010)
 19 The University of Nottingham 2009
 20 The University of Oxford 2009
 21 The Queen's University of Belfast 2005
 22 St George's Hospital Medical School 2009
 (also in a rolling review for their new campus in Cyprus from 2011)
 23 The University of Sheffield 2007
 24 The University of Southampton 2008
 25 University College London 2005
 26 The University of Wales 2006
 27 The University of Warwick 2011
 28 A combination of the University of Brighton and the University of Sussex 2008
 29 A combination of the University of Exeter and the University of Plymouth 2007
 30 A combination of the University of Hull and the University of York 2008

Analyst Remarks to Narrative

The General Medical Council (GMC) provided a list of its 30 fully accredited medical schools and the date of each school's last review. Accreditation is granted for a period of ten years, with two visits during the cycle. The review dates range from 2004 through 2012, with one school reviewed in 2004, four in 2005, three in 2006, four in 2007, six in 2008, six in 2009, four in 2011, and one in 2012. Although the GMC does not grant pre-accreditation, it notes that it currently has four additional institutions that are participating in its review process as a precursor to gaining full accreditation prior to graduating their first classes of students.

Overview of accreditation activities

Country Narrative

2. Accreditation reviews

In 2009, following a period of consultation, we issued a new version of Tomorrow's Doctors, our standards for undergraduate education. The new standards contain the outcomes we expect all students to demonstrate before graduation and the standards we expect all medical schools delivering UK primary medical qualifications to comply with. The standards applied from the academic year beginning in September 2011.

To allow medical schools time to adjust to meet the new standards we suspended our visiting process for existing medical schools in 2010. In lieu of visits we required a comprehensive self-assessment and implementation plan for the new standards as part of the medical school annual reporting process.

In 2011 we developed a series of supplementary advice to provide examples of good practise and assist medical schools interpret the new standards that they found more challenging to implement.

- Clinical placements for medical students sets out what medical students can expect from their placements and Student Assistantships, in which they act as an assistant to a junior doctor during their final year. The advisory document also sets out what medical schools should do when organising placements.
- Assessment in undergraduate medical education sets out the different methods a medical school could use to assess medical students and gives advice on setting standards and marking examinations.
- Patient and public involvement in undergraduate medical education sets out the importance of patient and public involvement and ways in which medical schools can make it happen.
- Developing teachers and trainers in undergraduate medical education sets out how medical schools can develop and support the teachers and trainers of medical students.

2.1 Reaccreditation of medical schools on the GMC's list

Quality assurance reviews of medical schools already on our list recommenced in 2011. These reviews assessed the medical schools against the new standards and considered whether the medical school should remain on the list. Reviews of medical schools on the GMC's list Sept 2009 –Sept 2012 are detailed in the table within the attachment for this question.

2.2 Accreditation of new medical schools that have applied to be added to the GMC's list

The following reviews of new schools and associated clinical placement sites were undertaken between September 2009 and September 2012. These schools began to be reviewed against the new standards during the transition period, before the standards came into effect, to assess whether they were making adequate progress. New school rolling reviews Sept 2009 –Sept 2012 are detailed in the table within the attachment for this question.

2.3 Accreditation reviews of medical schools that developed new campuses overseas

In the last few years two UK universities have developed campuses overseas to deliver their UK medical degrees. Although the GMC's primary purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine, our legislative framework requires us to secure the standards of medical education leading to UK primary medical qualifications where that education is delivered. This means that we must ensure that the medical schools on our list comply with the standards we set in Tomorrow's Doctors, wherever they deliver their medical degrees and that the graduates of their overseas programmes have demonstrated the outcomes specified there.

The review process is analogous to the process for a new medical school in that a rolling programme of annual visits begins before the first cohort arrive on the new campus and continues until a year after they graduate.

If the medical school fails to demonstrate that it meets the standards in delivering its degree through the overseas campus or it fails to demonstrate that graduates of the overseas programme have met the outcomes the medical school may be removed from our list, which would affect both the UK and overseas programmes. Due to the inherent risks of delivering degree programme to UK standards overseas and the potential impact on UK based medical students we have approached the Departments of Health for legislative change that would enable us to distinguish between different medical degree programmes delivered by the same university in our accreditation processes. The quality assurance activities undertaken for UK medical schools developing campuses overseas are detailed in the table within the attachment for this question.

2.4 Meetings held and accreditation decisions reached

The Council is the governing body of the General Medical Council (GMC). It comprises 24 members, 12 lay and 12 medical members, all appointed by the Appointments Commission. Boards that include Council members and representatives from key stakeholder groups support policy development and provide operational oversight work and report to the Council. Business related to undergraduate medical education is supported by the Undergraduate Board. The Postgraduate Board is responsible for policymaking and oversight of quality activities related to postgraduate medical education.

You can read Council and Board papers on our web site.

http://www.gmc-uk.org/about/Council_and_other_governance_groups.asp

As part of the Quality Improvement Framework a new group was established in 2011 to scrutinise all elements of the Quality Improvement Framework, at undergraduate and postgraduate level, to ensure that the assurance process is both consistent and transparent and to assist with the identification of emerging trends across different stages of medical education. The resulting Quality Scrutiny Group reports to both the Undergraduate and Postgraduate Boards on the assurance to be taken from operational accreditation activities, process improvements and policy issues that may need consideration. This group enables the Boards to be focused at a more strategic level on policy, standards and quality assurance, and for decisions about withdrawal of approval.

A list of relevant decisions for the Council, Undergraduate Board and Quality Scrutiny group is described in a table within the attachment for this question.

2.5 Training and recruitment

Quality Assurance Reviews are carried out by teams of GMC Associates that are composed of medically qualified experts in medical education and clinical training, assessment experts, lay with relevant experience and medical students. Training for these teams is provided annually, prior to commencing reviews.

In 2011 we recruited ten new medical student Associates. These students were recruited through competitive recruitment process open to all UK medical students. Every student was required to complete a day of training specifically run for the student visitors, and delivered by experienced student associates and GMC staff before joining a review team. Student visitors also received the annual training described above. Newly recruited students were also paired with an experienced student Associate who could provide peer support.

This year we have recruited 46 new education associates with a range of expertise, a number of whom will be allocated to begin reviews this autumn. Mandatory training is scheduled for September 2012.

Analyst Remarks to Narrative

Accreditation Reviews

As was noted in the previous section, the GMC currently accredits 30 medical schools and provided both a list of the schools and the date of their most recent routine evaluation. Schools are accredited for a period of ten years, with two routine visits scheduled during the accreditation period. Although all 30 schools have been visited within the last ten years, not all of the schools had been visited within the last five years, as might be expected if the two routine visits take place at the beginning of the new accreditation cycle and half-way through the cycle (i.e., at the five-year mark). This was apparently the result of a disruption in the agency's review schedule in 2010 due to the release of new standards in 2009 and their implementation in 2010-2011. The regular review schedule resumed in 2011.

Clinical Site Visits

No specific information was provided as to reviews of clinical sites associated with the agency's fully accredited medical education programs. Section 2.2 of the agency's narrative refers to "reviews of new schools and associated clinical placement sites," leading ED staff to believe that clinical sites are perhaps reviewed as part of the regular reviews that take place twice during a school's ten-year accreditation period. However, information provided in another section regarding the Postgraduate Medical Education and Training Board, which was merged with the GMC in 2010, also indicates that perhaps clinical reviews are performed by that body, rather than by the Undergraduate Board. The agency also indicates in the section on upcoming accrediting activities that it will review two or three "sample" clinical sites as a part of five reviews to be conducted in Fall 2012. Finally, the sample accreditation report (attachment 16) documents on-site review of only one of the many clinical sites in which the school's students are trained. It is therefore also unclear whether there is a comprehensive program of review of all clinical sites on a regular basis. More information is requested as to how all clinical sites are reviewed on a regular basis, and by which Board.

Decision Meetings

The agency has indicated that its Undergraduate Board is the governing body that makes decisions related to undergraduate medical education and accreditation. The Board has 24 members, including 12 medical members and 12 lay members. The agency provided a list of recent reviews for re-accreditation, new accreditation, and accreditation of overseas campuses, as well as a summary of Board meetings held since the GMC last appeared before the NCFMEA in Fall 2009. The agency also provided a link to its Web site, which includes a comprehensive schedule of all Council meetings for 2012. The Undergraduate Board met on February 1, 2012, on April 26, 2012, and will meet again on October 30, 2012. The home page provides links to agendas and papers for the Undergraduate Board. The agendas and papers for past meetings indicated that the Board had duly considered the accreditation reports for accredited institutions, as well as for new programs that are pursuing accreditation.

The agency also reports that it has established a Quality Scrutiny Group, comprised of 15 GMC associates, that provides feedback to both the Undergraduate and Postgraduate Boards regarding accreditation activities, process improvements, and policy issues. The agency provided a copy of the paper establishing the work group, which addressed background, purpose, duties and activities, working arrangements, and resource implications.

Conferences or Training

The agency reports that it has an ongoing program of training for members of its on-site review teams. The training is conducted annually prior to the on-site reviews. The on-site review teams include experts in medical education, clinical training, and assessment, as well as lay members with relevant experience and medical students. The GMC states that it recruited and trained ten new student team members in 2011. In 2012, the GMC recruited 46 new non-student team members and states that they will be trained in September 2012.

The GMC also provided copies of four resource documents it has developed to assist schools in interpreting its revised 2009 standards. The documents address patient/public involvement, developing teachers and trainers, clinical placement, and assessment.

Staff determination: Additional information is requested. The agency is requested to provide additional information on its comprehensive schedule of review for all clinical sites, as well as information as to whether its Undergraduate Board or its Postgraduate Board is responsible for those reviews.

Country Response

Accreditation Reviews

Our commitment is to visit every medical school twice in 10 years, not every school every five years. This allows us flexibility to focus our quality assurance where it is needed most and respond to risks identified through our evidence base rather than being tied into a specific rotation of visits. You asked us to provide information of accreditation visits up to September 2012 however we will check three further medical schools in October to December 2012 and by the end of this calendar year only two medical schools will not have been visited between 2007 and 2012. The timeframes between visits will be considered when deciding which medical schools to visit and check in 2013. Further information about checks can be found in the Quality Improvement Framework - http://www.gmc-uk.org/Quality_Improvement_Framework.pdf_39623044.pdf

Clinical Site Visits

Medical schools are tasked with quality managing the experience their students receive during clinical placements. We test how effective this quality management is by visiting a sample of clinical placement sites during scheduled visits to established medical schools. Normally at least two clinical sites will be visited. These visits will also consider the quality of postgraduate training at clinical partner sites to give a detailed impression of the quality of training across the medical education continuum.

When visiting new medical schools over a period beginning before the first student cohort starts until the year

following their graduation we will visit all clinical sites at least once.

The checks referred to under 'Accreditation Reviews' will also include visits to at least one clinical site.

Medical schools also report to us annually and include any exceptions, either positive or negative, about clinical sites. Clinical sites providing experience for medical students also provide training for postgraduate trainees. We collect data on clinical sites through the national survey of doctors in training, twice yearly reporting from postgraduate deaneries who coordinate foundation and specialty training and annual reporting from medical royal colleges who define the curriculum and assessment system for specialty training and coordinate with postgraduate deaneries to quality manage elements of training. Additionally we visit clinical sites to as part of our quality assurance of postgraduate training and will observe deanery visits to clinical sites as part of the responses to concerns element of the QIF. Although we will not visit every clinical site they will be subject to regular review by postgraduate deaneries and medical schools, we will monitor quality of training in all sites through the survey, scheduled reporting and data provided by other healthcare systems regulators. Again further information can be found here -

http://www.gmc-uk.org/Quality_Improvement_Framework.pdf_39623044.pdf

The outcomes of visits to established medical schools and postgraduate training are considered by the Quality Scrutiny Group with a summary of activity reported to the Undergraduate and Postgraduate Boards.

Reports relating to new medical schools and overseas programmes are considered by the Undergraduate Board.

Decisions to enter a university or medical school to the list of bodies that can award UK primary medical qualifications are made by Council and informed by recommendations made by the Undergraduate Board.

Decision Meetings

The Undergraduate Board comprises 9 members of Council and 5 co-opted members.

The Council comprises 24 members including 12 medical and 12 lay members.

Conferences of Training

All associates undertaking visits or other quality assurance activities will be trained for their role before undertaking their first activities. All associates involved in the regional visit to London will be trained in September. Visitors involved in other projects will be trained on a rolling basis dependent on the timing of these activities.

Analyst Remarks to Response

Accreditation Reviews

Although not cited as an issue in the draft staff analysis, the agency has clarified that it visits all of its schools twice during a ten-year period, although not necessarily once every five years within the ten-year period.

Clinical site visits

In its response to the draft staff analysis, the agency clarified that it visits all clinical sites for new medical schools, prior to the acceptance of students. It then samples the sites to be visited during subsequent on-site reviews, with at least two clinical sites visited each time. Medical schools also report annually to the agency, including information about clinical sites. Because clinical sites also serve postgraduate trainees, the agency also collects information on clinical sites related to postgraduate programs. Reports on clinical sites related to undergraduate medical education are considered by the agency's Undergraduate Board, which the agency has clarified has fourteen members.

The agency has responded to the concerns raised in the draft staff analysis, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Laws and regulations

Country Narrative

On 1 April 2010 the Postgraduate Medical Education Training Board was merged with the GMC, conferring new statutory responsibilities on the GMC for postgraduate medical education and training. This has had no effect on our legislative duties for undergraduate medical education but it does mean that we have refined our quality assurance processes to include the richer set of information drawn from postgraduate training about the quality of training clinical placement sites where medical students train. We have also co-ordinated our quality assurance reviews so that we can assess the extent to which UK National Health Service (NHS) providers support both undergraduate and postgraduate training and the extent to which local medical schools and postgraduate deaneries work together to resolve concerns about the quality of education and training.

To respond to the new development of UK medical schools delivering their UK primary medical qualifications overseas we have asked the Departments of Health for a change to our legislative framework. We are seeking the ability to accredit individual degree programmes delivered by the bodies on our list so that we can distinguish degree programmes delivered outside the UK. We do not envisage that this will remove our responsibility to accredit the overseas degree programmes but it enable us to reflect that these programmes have not been delivered within the context of the NHS and it will reduce the risk to the UK delivered programmes in the event that the different medical and social context overseas prevents these programmes from meeting the standards in Tomorrow's Doctors.

Analyst Remarks to Narrative

The agency states that the UK's Postgraduate Medical Education and Training Board was merged with the GMC in 2010. This, in effect, adds another board to the agency, but does not impact the operation of the Undergraduate Board, which is still the body tasked with decision-making related to the accreditation of undergraduate medical education programs. The agency's Web site indicates that the Postgraduate Board and the Undergraduate Board meet separately and operate as two separate bodies. However, the narrative provided under another section of the agency's report seems to indicate that the Postgraduate Board may be responsible for the evaluation of clinical clerkship sites. More information/clarification is needed as to the responsibilities of the two Boards and whether the Postgraduate Board is also responsible for reviewing some aspects of the medical education program.

The GMC notes that it has requested a legislative change that would allow it to accredit individual programs, as opposed to medical schools as a whole. This change is being sought in order to allow the GMC to distinguish between programs that are offered inside the UK and programs that are offered overseas. This is a proposed change and has not yet been approved or implemented.

Staff determination: Additional information is requested. The agency is requested to clarify whether the Postgraduate Board has a role in the review of clinical sites and whether it has input into accreditation decisions.

Country Response

The outcomes of visits focusing on postgraduate training are considered by the Quality Scrutiny Group with a summary of activity reported to the Postgraduate Boards. Regional reports that span undergraduate and postgraduate medical education will also be reported to the Postgraduate Board. The Postgraduate Board does not have a role in decision making regarding undergraduate medical education, this is the domain of the Undergraduate Board.

Matters affecting both undergraduate and postgraduate medical education and training will be reported to both the Undergraduate and Postgraduate Boards and the Chairs of these boards will liaise as necessary. Additionally the Chairs of the Undergraduate, Postgraduate and Continued Practice Boards meet three to four times a year as members of the Education and Training Committee. This committee considers the work of all three boards and takes an overview of the entire medical education continuum to ensure we are taking a coordinated approach.

Analyst Remarks to Response

As clarified in a previous section, the same clinical sites serve both undergraduate students and graduate trainees. The review of clinical sites related to the undergraduate program is evaluated by the agency's 14-member Undergraduate Board. The review of the same clinical sites related to postgraduate training would be evaluated by the Postgraduate Board, but this board has no input into the review of undergraduate programs.

The agency has addressed the concerns noted in the draft staff analysis, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Standards

Country Narrative

Since September 2009 we have revised our standards for undergraduate educations as set out in the publication Tomorrow's Doctors 2009.

The revised standards include the outcomes we expect all students to have demonstrated before graduation. These outcomes are aligned to our expectations of skills, knowledge and behaviours that provisionally registered doctors should exhibit and is intended to ensure that graduates are prepared for their first day of professional practice as a GMC registered doctor. Through our quality assurance activities we verify that medical schools have mapped their curriculum and blueprinted their exams so that students and teachers are clear where these skills knowledge and behaviours can be developed and will be assessed.

We have retained and updated the list of practical procedures that graduates must be able to perform.

The revised edition also includes clearer standards for medical schools managing and delivering undergraduate medical education and is set out in nine domains. There are detailed requirements for:

- ensuring that patients are safe and students are appropriately supervised during the learning process and only students who are safe to practise medicine are allowed to graduate (Domain 1)
- the management, evaluation and review of the medical degree programme (Domain 2)
- assessing and demonstrating fairness in the delivery of the programme (Domain 3)
- selecting students (Domain 4)
- designing and delivering a curriculum that enables students to demonstrate the prescribed outcomes and methods for assessing students' achievements. This includes the nature and type of clinical placements students must undertake (Domain 5)

- developing and assessing the performance of faculty and supporting students (Domain 6)
- management plans that clearly identify individuals responsible for the quality of the degree programme, including those in clinical placement providers (Domain 7)
- the educational resources that are expected to be available to students (Domain 8)
- the medical schools' responsibility to use information about the future progression of their graduates to evaluate their programmes (Domain 9)

In 2011, following an initial assessment of the changes medical schools needed to make in order to meet the revised standards we issued supplementary advice in four areas containing practical examples of local practice from UK medical schools.

Clinical placements for medical students defines the difference between clinical placements and Student Assistantships (the latter being a specific period in which they act as an assistant to a junior doctor during their final year) and sets out what we expect of medical schools when organising them.

Assessment in undergraduate medical education describes a range of methods a medical school could use to assess medical students' achievements and gives advice on setting standards and marking examinations.

Patient and public involvement in undergraduate medical education identifies ways in which medical schools can introduce meaningful patient and public involvement in the management, delivery and evaluation of their programmes.

Developing teachers and trainers in undergraduate medical education provides practical information on how medical schools can develop and support both teachers within universities and clinicians who support medical students to develop clinical competences and apply skills and knowledge within clinical placements

Analyst Remarks to Narrative

The agency reports that it revised its standards in 2009 and that the new standards were implemented in 2010-2011. As a result of the implementation of the new standards, accreditation reviews were largely suspended in 2010, but have since resumed on a normal schedule.

The agency provided a copy of its new standards document. The document includes an introduction that provides a detailed list of the responsibilities of the various entities involved in medical education, including the GMC, the medical schools, the UK's National Health Service, doctors, and students. A section is provided that describes outcomes for medical school graduates, including outcomes for doctors as scholars and scientists, as practitioners, and as professionals. The addition of outcomes to the standards document appears to be the most significant change made during the standards revision process. The outcomes set out what the GMC "expects medical schools to deliver and what the employers of new graduates can expect to receive." As such, they appear to be the foundation on which the standards are based.

The standards are grouped under nine domains: 1) patient safety; 2) quality assurance, review, and evaluation; 3) equality, diversity, and opportunity; 4) student selection; 5) design and delivery of the curriculum, including assessment; 6) support and development of students, teachers, and the local faculty; 7) management of teaching, learning, and assessment; 8) educational resources and capacity, and 9) outcomes. The document also includes appendices that provide practical procedures for graduates, UK and European Union law related to undergraduate medical education, related documents, and a glossary. Each domain is presented separately and lists: the standard(s) expected for the delivery of teaching, learning, and assessment in medical education; the criteria by which the GMC will judge whether the medical schools are meeting the standard(s); the evidence that will be used to judge compliance with the standards; and the detailed requirements and context that expand upon the criteria. Side notes to additional references are also provided under each domain.

The revised standards document is lengthy and detailed. The GMC reports that it has implemented quality assurance activities to verify that medical schools have mapped their curricula and aligned their exams to the new standards. The agency states that "We have retained and updated the list of practical procedures that graduates must be able to perform." The agency also states that the revised edition includes clearer standards. Based upon these statements, it therefore appears likely that, rather than being drastically altered, the standards have been enhanced and the document reformatted to more clearly state what medical schools must do to demonstrate compliance with the agency's requirements.

The agency notes that in 2011 it developed four documents to help medical schools interpret requirements associated with the new standards. Copies of the technical assistance documents were provided and address the areas of patient/public involvement, developing teachers and trainers, clinical placements, and assessment. Each paper is approximately 20 pages in length and provides an introduction, an overview of the topic or standard(s)/criteria being discussed, general and specific advice on addressing the issue/standards/criteria, and references to additional related materials.

Processes and procedures

Country Narrative

New statutory responsibilities for postgraduate medical education and training were conferred on the GMC on 1 April 2010 as the Postgraduate Medical and Education and Training Board was merged with the GMC.

The merger has meant that, for the first time, regulation of all stages of medical education and training is undertaken by a single body. We have therefore taken a coordinated approach across undergraduate and postgraduate medical education and training in 2011 the Council approved the Quality Improvement Framework (the QIF).

The QIF sets out how we will work with organisations such as medical schools, postgraduate deaneries, colleges/faculties and other healthcare systems regulators. It builds on the success of the precursor - the Quality Assurance of Basic Medical Education process - and enhances rather than revolutionises our approach to accreditation and quality assurance of medical schools.

The key differences are listed below in 5.1-5.3

5.1 A regional approach to co-ordinating reviews of schools on our list with reviews of the local postgraduate deanery

Visits to medical schools and sites that provide clinical/clerkship placements are co-ordinated with assessments of postgraduate medical education in the same site and in the local postgraduate deanery. For example in 2011 we reviewed Cardiff medical school and the Wales Postgraduate Deanery. These reviews included an assessment of the quality of undergraduate and postgraduate medical training within selected local hospitals. Following the reviews, a regional overview report was produced describing the links between the medical schools and postgraduate deanery and key themes and challenges within Wales. The reports are available on our web site <http://www.gmc-uk.org/education/13041.asp>.

5.2 The availability of richer information about the quality of training in sites that students undertake clinical placements and progression of graduates through postgraduate training.

We now run an annual survey on the perceptions of doctors in postgraduate training about their placements. This year the survey has a response rate of over 90% and provides a rich picture about the quality of training in clinical environments across the UK. As medical students are also located in many of these placement sites the survey has improved our ability to identify concerns about clinical placements that may also affect medical students. For example, we were able to alert a medical school to concerns about a local Emergency Department that was providing inadequate supervision of junior doctors and at risk of closure in time for the medical school to make alternative plans for clinical placements for its students.

We have always been able to monitor the performance of medical school graduates in terms of identifying those who are referred to the GMC's fitness to practise processes. However the number of these doctors is very small and it is difficult to therefore identify any patterns. Since assuming statutory responsibilities for postgraduate education we monitor the performance of doctors through postgraduate stages of training leading to specialist registration. We are now able to compare the success rates of graduates from different medical schools in national postgraduate exams and the relative rates of overall progression through Foundation Programme (the two year general internship) then specialty, including GP training.

Through the national survey of trainees described above, we are also able to compare the perceptions of graduates from different medical schools about their own competence as a newly registered doctor. This information, taken together with the results of accreditation reviews and performance data helps us compare the extent to which UK medical schools are preparing their graduates to practise medicine and for further medical training.

5.3 A new group was set up to scrutinise operational accreditation activity.

The GMC's Education Quality Team and GMC Associates carry out significant and detailed operational activity which requires expert scrutiny. In order to secure a consistent and rigorous approach throughout and a proper overview of trends, a Quality Scrutiny Group has been set up to scrutinise the operational outcomes of accreditation and quality assurance activities in detail. This group includes both experts in medical education and assessment systems, those representing the patient perspective and junior doctor and medical student representation.

The group makes recommendations to the GMC Boards on trends, policy and process issues and where training is not meeting the required standards. The GMC Boards continue to retain responsibility for policy development and making decisions on approval or withdrawal of approval.

The role of the Quality Scrutiny Group includes:

- reviewing visit reporting, setting of conditions, recommendations, and notable practice and reporting on the extent of consistency and any trends or implications for policy making to the Postgraduate and Undergraduate Boards.
- scrutinising scheduled reports from stakeholders to identify inconsistencies and trends, and where appropriate making recommendations for withdrawal of approval of training to the Postgraduate and Undergraduate Boards

The Statement of Purpose for the Quality Scrutiny Group is available on our web site:

http://www.gmc-uk.org/10__Annex_A__Statement_of_Purpose_for_Quality_Scrutiny_Group.pdf_37415135.pdf

5.4 Areas that have not changed

We have not made changes to the way in which we review major changes or the way in which we select or train individuals who participate in review teams.

Analyst Remarks to Narrative

As noted previously, the UK's Postgraduate Medical Education and Training Board has been merged with the GMC. The agency reports that, as a result of the merger, all stages of medical education are now overseen by the GMC, including both undergraduate medical education and the postgraduate clinical component.

The agency reports that three primary enhancements have come about as a result of the merger:

- 1) the agency is now moving to a regional approach to coordinating reviews of undergraduate medical schools with reviews of local postgraduate programs;
- 2) the agency has been able to collect additional information about the quality of training in clinical sites and postgraduate training due to the implementation of an annual survey on the perceptions of doctors in postgraduate training, as well as its newly granted authority to gather and compare exam pass rates from various schools; and
- 3) the establishment (noted in a previous section) of a Quality Scrutiny Group to review on-site visit reports, review accreditation decisions and resulting conditions and recommendations, and provide an examination of consistency/trends/implications related to policymaking for the Postgraduate and Undergraduate Boards.

The agency provided copies of materials related to the establishment of the Quality Scrutiny Group, as well as copies of several accreditation reports, including a copy of a coordinated review with a postgraduate program. The GMC notes that a separate on-site review report is produced by the site visit team for each medical school and postgraduate entity with requirements, recommendations and good practice as identified.

No other changes to processes or procedures in other areas were reported, nor were, presumably, implemented.

Schedule of upcoming accreditation activities

Country Narrative

6.1 Planned reviews of schools on our list

In autumn 2012 we will undertake accreditation reviews of the five medical schools in London and for each school we will sample two-three associated NHS providers that deliver clinical placements. From the preliminary meeting to the completion of the review, these visits generally take a minimum of six days per school over a period of approximately six months. The clinical placement sites will be confirmed in July 2012.

The five London medical schools are:

1. The Imperial College of Science, Technology and Medicine
2. King's College London
3. St George's Hospital Medical School
4. University College London
5. The University of London (Bart's and The London Medical School)

The quality assurance activities for schools on our list are determined at the end of the preceding year, so the schools to be reviewed in 2013 will be confirmed in November/December 2012.

6.2 Planned checks of schools on our list to verify reported information

We will also undertake a series of checks, which are shorter visits (anticipated to be a single day) to verify that the new standards in Tomorrow's Doctors have been implemented and that requirements set in the previous review have been met as reported in the annual self-assessment documentation.

We will undertake checks of the following medical schools between September to December 2012:

- Leeds Medical School
- Belfast Medical School
- Aberdeen Medical School

The schools to be checked in 2013 will be confirmed in November/December 2012.

6.3 Planned reviews of new schools

The rolling process of annual reviews will continue throughout 2012 and into 2013 for the following medical schools:

- Lancaster University
- Swansea University

We will undertake an initial assessment of applications for the following new medical schools. If these applications are assessed as meriting further review we would expect to begin rolling reviews for the following new medical school

in early 2013:

- The University of Plymouth (currently a listed as a joint medical school with The University of Exeter)
- The University of Exeter (currently a listed as a joint medical school with The University of Plymouth)
- The University of Central Lancashire
- The University of Buckingham

Analyst Remarks to Narrative

The agency indicates that it will conduct on-site reviews at five fully accredited medical schools in Fall 2012, and that the schedule of reviews for 2013 will be confirmed in November or December of 2012. It will also conduct shorter follow-up visits related to specific issues at three medical schools in Fall 2012, with additional schools to be identified for follow-up visits in 2013 by the end of 2012. In 2012-13, the agency will continue to work with two new medical schools that are in the process of obtaining initial accreditation, and will also begin reviewing the preliminary applications of four additional schools that are interested in starting the accreditation process. As noted in previous sections, additional information is requested as to the GMC's review of clinical sites.

Staff determination: Additional information is requested. The GMC is requested to provide additional information regarding its comprehensive program of review at clinical clerkship sites.

Country Response

We will visit the following clinical sites in November 2012:

Imperial College Healthcare NHS Trust – Charing Cross Hospital (Imperial)
North West London Hospitals NHS Trust - Northwick Park Hospital (Imperial)
Barts Health NHS Trust - The Royal London Hospital (Barts and the London)
Barts Health NHS Trust - Whipps Cross Hospital (Barts and the London)
Barnet and Chase Farm - Chase Farm Hospital (University College London)
Royal Free London NHS Foundation Trust - Royal Free Hospital (University College London)
King's College Hospital NHS Foundation Trust - King's College Hospital (Kings College London)
South London Healthcare NHS Trust - Queen Elizabeth Hospital (Kings College London)
St George's Healthcare NHS Trust - St George's Hospital (St George's University of London)
Croydon Health Services NHS Trust - Croydon University Hospital (St George's University of London)

We have yet to confirm which sites will be visited as part of the checks to Aberdeen, Belfast and Leeds medical schools, there will be a minimum of one clinical site per check.

All clinical sites associated with Swansea and Keele medical schools have been visited at least once.

In 2013 we will visit Westmorland Hospital in Kendal and Furness General Hospital in Barrow-on-Furness as part of the visit to Lancaster medical school.

Due to the early stage of applications from Exeter, Plymouth, Buckingham and the University of Central Lancashire it is yet to be determined whether to visit clinical sites in 2012/13.

We will begin review of an overseas programme delivered by Southampton medical school in 2013 and may visit clinical sites associated with the Southampton programme also.

Analyst Remarks to Response

As clarified in the agency's response to two previous sections, the agency conducts site visits at all undergraduate clinical sites prior to the sites being approved and students being accepted. After that time, the agency visits a sampling of clinical sites during each subsequent on-site review. The agency notes that it will visit clinical sites related to ten undergraduate medical education programs in November 2012, with additional site visits still in the planning stages for 2013. The same clinical sites also serve postgraduate trainees, so the agency receives information about the sites related to both undergraduate and postgraduate programs. However, the information related to undergraduate medical students' use of the clinical sites is reviewed only by the agency's 14-member Undergraduate Bo:

The agency has responded to the concerns raised in the draft staff analysis, and no additional information is requested.

Staff Conclusion: Comprehensive response provided
